

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

JAN 9 1942

Registration District No. 284

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 200

State File No. 42931

Registrar's No. 2685

1. PLACE OF DEATH:

(a) County St. Louis, Mo.  
(b) City or town Rural (Gravois)  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
4980 Heege Ave.,  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. (Specify whether  
In this community Life. (Specify whether  
years, months or days)

3. (a) PRINT  
FULL NAME Frances Kluge

3. (b) If veteran, name war. 3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced. Widow  
6. (b) Name of husband or wife. J. No. 6. (c) Age of husband or wife if alive. years  
7. Birth date of deceased. Nov. 19th, 1849  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
92 1 12 hr. min.

9. Birthplace St. Louis, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation At home.

11. Industry or business.

MOTHER FATHER { 12. Name Not known Haupt  
13. Birthplace Not known 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Not known  
15. Birthplace Not known 9  
(City, town, or county) (State or foreign country)

16. (a) Informant John H. Kluge  
(b) Address 516 W. Sullivan  
17. (a) Burial (b) Date thereof 1/3/42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation. Calvary

18. (a) Signature of funeral director John R. Zugan  
(b) Address 7027 Gravois Ave.  
(c) JAN 2 - 1942 C. H. Mc Harris  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96  
(c) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4980 Heege Rd.,  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 31  
year 1941 hour 4 minute A M.

21. I hereby certify that I attended the deceased from December 26th, 1941, to December 30th, 1941;  
that I last saw her alive on December 30th, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Rheumatic Myocarditis Duration 20 years

Due to 63C

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations None

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? (Specify type of place) (e) Means of injury

23. Signature John R. Zugan (M. D. or other)  
Address 4728A Draine Ave Date signed 1/2/42

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*G. P. Rudwell*

Licensed Embalmer No. *3877*

P. O. Address *7027 Gravois*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**